CLAIREMONT NURSING & REHABILITATION

2120 HEIGHTS DRIVE

EAU CLAIRE	54701	Phone: (715) 832-1681		Ownership:	Limited Liability Company
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Con	junction with H	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and Sta	affed (12/31/05):	161	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	[12/31/05):	161	Title 19 (Medicaid) Certified?	Yes
Number of Resid	dents on 12/31,	05:	145	Average Daily Census:	128
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Age, Gender, and Primary Diagnosis	of Residents (12/	31/05)		Length of Stay (12/31/05)	8
Primary Diagnosis	8	Age Groups 	* 	 Less Than 1 Year 1 - 4 Years	57.9 26.2
Developmental Disabilities	2.1	Under 65	15.2	More Than 4 Years	15.9
Mental Illness (Org./Psy)	21.4	65 - 74	13.1		
Mental Illness (Other)	0.7	75 - 84	32.4		100.0
Alcohol & Other Drug Abuse	0.0	85 - 94	32.4		
Para-, Quadra-, Hemiplegic	0.7	95 & Over	6.9	Full-Time Equivalent	
Cancer	2.1			Nursing Staff per 100 Resid	lents
Fractures	5.5		100.0	(12/31/05)	
Cardiovascular	15.9	65 & Over	84.8		
Cerebrovascular	5.5			RNs	9.4
Diabetes	5.5	Gender	%	LPNs	12.4
Respiratory	35.2			Nursing Assistants,	
Other Medical Conditions	5.5	Male	32.4	Aides, & Orderlies	35.9
		Female	67.6	İ	
	100.0			İ	
			100.0	İ	

Method of Reimbursement

	Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care			Managed Care								
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	12	11.8	139	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	12	8.3
Skilled Care	19	100.0	293	88	86.3	120	0	0.0	0	24	100.0	160	0	0.0	0	0	0.0	0	131	90.3
Intermediate				1	1.0	100	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				1	1.0	174	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.7
Traumatic Brain Ir	nj O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	-	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	19	100.0		102	100.0		0	0.0		24	100.0		0	0.0		0	0.0		145	100.0

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services,	and Activities as of 12/	31/05					
Deaths During Reporting Period			% Needing									
Percent Admissions from:		 Activities of	ક		sistance of	% Totally	Total Number of					
Private Home/No Home Health	5.7		Independent		or Two Staff	2	Residents					
Private Home/With Home Health	4.3	Bathing	0.0		81.4	18.6	145					
Other Nursing Homes	0.0	Dressing	15.2		66.2	18.6	145					
Acute Care Hospitals	89.1	Transferring	19.3		56.6	24.1	145					
Psych. HospMR/DD Facilities	0.0	Toilet Use	16.6		55.2	28.3	145					
Rehabilitation Hospitals	0.0	Eating	64.1		26.2	9.7	145					
Other Locations	0.0	******			******	******	*****					
Total Number of Admissions	423	Continence		%	Special Treatm	ents	8					
Percent Discharges To:		Indwelling Or Extern	nal Catheter	8.3	-	spiratory Care	17.2					
Private Home/No Home Health	23.0	Occ/Freq. Incontiner		44.8	Receiving Tr	acheostomy Care	1.4					
Private Home/With Home Health	40.8	Occ/Freq. Incontiner	nt of Bowel	39.3	Receiving Su	ctioning	1.4					
Other Nursing Homes	0.8	i -			Receiving Os	tomy Care	4.8					
Acute Care Hospitals	9.4	Mobility			Receiving Tu	be Feeding	2.8					
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	4.1	Receiving Me	chanically Altered Diets	28.3					
Rehabilitation Hospitals	0.0	į -				-						
Other Locations	0.0	Skin Care			Other Resident	Characteristics						
Deaths	18.2	With Pressure Sores		9.0	Have Advance	Directives	66.9					
Total Number of Discharges		With Rashes		8.3	Medications							
(Including Deaths)	395	İ			Receiving Ps	ychoactive Drugs	57.9					

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Own	ership:	Bed	Size:	Lic	ensure:				
	This	Pro	prietary	100	-199	Ski	lled	Al	1		
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities		
	%	%	Ratio	%	Ratio	%	Ratio	ે	Ratio		
Occurrence Date: Newscap Daile General Triconced Dada	70 - 5	0.5	0.03	0.0 1	0.00	0.0	0.00	0.0 1	0.00		
Occupancy Rate: Average Daily Census/Licensed Beds	79.5	85.8	0.93	90.1	0.88	88.8	0.90	88.1	0.90		
Current Residents from In-County	80.7	81.3	0.99	84.9	0.95	83.2	0.97	77.6	1.04		
Admissions from In-County, Still Residing	14.9	16.8	0.89	18.1	0.82	18.7	0.79	18.1	0.82		
Admissions/Average Daily Census	330.5	216.2	1.53	188.0	1.76	177.7	1.86	162.3	2.04		
Discharges/Average Daily Census	308.6	217.8	1.42	191.1	1.61	179.2	1.72	165.1	1.87		
Discharges To Private Residence/Average Daily Census	196.9	100.9	1.95	87.1	2.26	83.4	2.36	74.8	2.63		
Residents Receiving Skilled Care	98.6	97.2	1.01	96.6	1.02	96.3	1.02	92.1	1.07		
Residents Aged 65 and Older	84.8	91.5	0.93	90.0	0.94	91.3	0.93	88.4	0.96		
Title 19 (Medicaid) Funded Residents	70.3	61.7	1.14	62.3	1.13	61.8	1.14	65.3	1.08		
Private Pay Funded Residents	16.6	19.4	0.85	20.8	0.80	22.5	0.74	20.2	0.82		
Developmentally Disabled Residents	2.1	0.9	2.38	0.9	2.19	1.1	1.88	5.0	0.41		
Mentally Ill Residents	22.1	28.9	0.76	34.5	0.64	34.8	0.63	32.9	0.67		
General Medical Service Residents	5.5	23.7	0.23	22.0	0.25	23.0	0.24	22.8	0.24		
Impaired ADL (Mean)	48.4	47.9	1.01	48.8	0.99	48.4	1.00	49.2	0.98		
Psychological Problems	57.9	59.1	0.98	59.9	0.97	59.5	0.97	58.5	0.99		
Nursing Care Required (Mean)	9.1	7.1	1.29	7.3	1.26	7.2	1.27	7.4	1.23		